

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## VERIFICATION REQUEST FORM

Please allow 7 - 10 business days for processing **or** submit your request electronically at <https://app.wi.gov/LicenseVerification>.

### CREDIT CARD

**\$10.00 FEE PER VERIFICATION**

#### Credit Card Fees

1 = \$10.00  
2 = \$20.00  
3 = \$30.00

### CHECK/MONEY ORDER

**\$10.00 FEE PER VERIFICATION**

(made payable to DSPS)

#### Check/MO Fees

1 = \$10.00  
2 = \$20.00  
3 = \$30.00

**Please Note:** For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Name of License/Credential Holder:

License/Credential Number:

Profession:

Entity/State to Receive Verification: (Three (3) states max per form.)

If you wish to receive an email notice when the Verification has been processed, please list the email address below:

Email:

### REQUIRED PAYMENT INFORMATION

Cardholder's Name:

Daytime Phone Number:

Cardholder's Address:

Street

City

State

Zip Code

Credit Card Number:

Expiration Date:



3-digit  
security  
code



4-digit  
security  
code

Security code:

AMOUNT: \$

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature:

*DSPS uses RightFax to ensure safe and secure transmission of your payment information.*

**For Receipting Purposes**